

**960 HOUR APPOINTMENT AUTHORIZATION FORM**  
(Use for employee and contract employee appointments)

Use this form for 960 Hour Appointments of employees who have retired from state government through the Early Retirement Incentive Program only.

DEPARTMENT: \_\_\_\_\_

TOTAL HOURS OF EMPLOYMENT DURING FY '02: \_\_\_\_\_

SALARY (hourly): \_\_\_\_\_

APPROPRIATION: \_\_\_\_\_

EST. LENGTH OF EMPLOYMENT: \_\_\_\_\_

POSITION NUMBER (To be provided by HRD): \_\_\_\_\_

RETIREE/EMPLOYEE NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

EMPLOYEE I.D.: \_\_\_\_\_

POSITION TITLE CODE: \_\_\_\_\_

Position Information:	Eff Date:	Dept ID:	Position Type: EQ	LOC:	St. Hrs:	Account Code:
-----------------------	-----------	----------	-------------------	------	----------	---------------

Provide a brief explanation why this appointment is critical:

If this position is not the same position the employee separated from, explain the reasons for change in position:



(Please check box) I hereby certify that no budget deficiency will be created by the above appointment, that the employee will perform the duties described in the position description on file and that the sum of the 2002 YTD salary received by the employee at the time of separation, the pension amount received in calendar 2002 and the salary earned in the 960 Hour Appointment will not exceed the annualized 2002 salary at the time of separation.

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_